



MILITARY AWARDS AND RECORDS REQUEST FORM

Office of Congresswoman Elizabeth H. Esty

Phone: (860) 223-8412 / Website: esty.house.gov

Please complete this form and return to:

1 Grove Place, Suite 600, New Britain, CT 06053

Fax: (860) 225-7289

The Privacy Act of 1974 requires written consent before information can be obtained from a government agency.

REQUESTER'S NAME: _____ ADDRESS: _____ City/State/Zip: _____ PHONE: _____ Work/Cell: _____ EMAIL: _____ <input type="checkbox"/> Check here to sign up for our e-newsletter	Please specify the nature of your request: <input type="checkbox"/> Request for Vietnam 50 th Comm. <input type="checkbox"/> Other _____
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Military Awards and Records Request:

VETERAN'S FULL NAME: _____ **DATE OF BIRTH:** _____

BRANCH OF SERVICE: _____

DATES OF SERVICE: _____

Please Select all that apply:

- ☐ I agree to let Congresswoman Esty (and/or her staff) publish a photograph and/or quotation attributed to me.
- ☐ I agree to let Congresswoman Esty (and/or her staff) discuss my case with the news media, or to promote Congresswoman Esty's constituent services through publication, broadcast or distribution via other means to the public. This authorization includes the disclosure of written or verbal statements, photographs, and audio/video recordings. I understand that I may be identified by name in connection with the public use of this information, which may include Protected Health Information under the health Insurance Portability and Accountability Act (HIPAA).

By signing this form, you authorize the disclosure of the information above.

You have a right to refuse to sign this form.

I certify that:

- ☐ I am a U.S. Citizen
- ☐ I am a resident of Connecticut's 5th Congressional District
- ☐ I have not been convicted of a crime; and
- ☐ I have not been compensated for this testimony and have contributed willingly

I, _____, authorize Congresswoman Elizabeth Esty and her staff to grant and obtain personal records, files, and information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time. I release them from any liability that may arise by furnishing the requested information.

Signature _____ **Date** _____
(Signature of primary constituent receiving assistance - Third party signatures are not accepted)